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PTO/SB/21 (08-03)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

		Application Number	09/920,707
		Filing Date	August 2, 2001
		First Named Inventor	Ben Byrd
		Art Unit	3728
		Examiner Name	Marie D. Patterson
Total Number of Pages in This Submission	16	Attorney Docket Number	41872-206195

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<b>1. Return Postcard</b>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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MAY 19 2004

TECHNOLOGY CENTER R3700

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	J. Michael Boggs, Reg. No. 46,563
Signature	
Date	5/14/04

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	
Signature	Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## EXPRESS MAIL CERTIFICATE

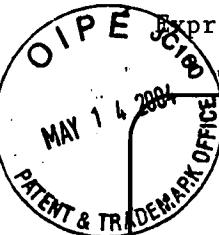
"Express Mail" Label No. : EV 367 778 886 US  
Serial No. : 09/920,707  
Applicant(s) : Ben Byrd  
Filing Date : August 2, 2001  
Title : **Shoe Sole With Sizing Indicators**  
Examiner : Marie D. Patterson **RECEIVED**  
Group Art Unit : 3728 **MAY 19 2004**  
Type of Document(s) : Express Mail Certificate; TECHNOLOGY CENTER R3700  
Transmittal Form;  
Fee Transmittal for FY 2004 (*in duplicate*);  
Request for Extension of Time Pursuant to  
37 CFR 1.136(a) (*in duplicate*);  
Amendment and Response Pursuant to 37 CFR § 1.111  
(14 pages);  
Check #361387 for \$950.00 – 3-Month Extension Fee; and  
Return Postcard

I hereby certify that the documents identified above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and are addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Debbie K. Cooke (signature)  
Debbie K. Cooke

Date Mailed : May 14, 2004

WINLIB01:1073371.1  
41872-206195



# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

950

## Complete If Known

Application Number	09/920,707
Filing Date	August 2, 2001
First Named Inventor	Ben Byrd
Examiner Name	Marie D. Patterson
Art Unit	3728
Attorney Docket No.	41872-206195

## METHOD OF PAYMENT (check all that apply)

 Check    Credit card    Money    Other    None  
 Order
  Deposit Account:
 Deposit Account Number  
 16-1435
 
 Deposit Account Name  
 Kilpatrick Stockton LLP
 

## The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below    Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.
 

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1)		(\$ 0)	

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20 **	= 0	X = 0
Independent Claims	-3 **	= 0	X = 0
Multiple Dependent		X = 0	

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code (\$)	
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
SUBTOTAL (2)		(\$ 0)	

\*\* or number previously paid, if greater; For Reissues, see above

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## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	J. Michael Boggs	Registration No. (Attorney/Agent)	46,563	Telephone	(336) 747-7536
Signature	<i>J. Michael Boggs</i>		Date	5/14/04	

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